Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963817	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY VILLA OF NAPLES	8901 TAMIAMI TRAIL EAST NAPLES, FL 34113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced state re-licensure, limited nursing services, emergency power plan monitoring and complaint survey for complaint #2022000761 and #2022006294 was conducted on through at Tuscany Villa of Naples, an assisted living facility, in Naples Florida. The following deficiencies were identified at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual	A 078		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 078	Continued From page 1 must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 078		

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A 078	Continued From page 2 failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of freedom from ( ) documented annually thereafter for 2 (Staff I, Administrator) of 3 employee records reviewed. The findings included: On a review of the Administrator's file revealed a hire date of . . . . . The Administrator's file contained documentation of Annual Questionnaire for positive employees with a statement indicating freedom from communicable . . . . . dated , an Employee skin testing information and consent form signed , a Individual Employee Record with a skin test completed on . . . . and read on . Further review revealed the form was signed by the health care provider with an invalid date as the date was incomplete, and therefore could not verify when the healthcare provider reviewed and signed the form. The Administrators file contained no documentation of evidence of freedom from . . . . . documented annually for the year 2021. On a review of Staff I's file revealed a hire date of . . . . . as a Care Partner. Staff I's file contained documentation of an Employee skin testing information and consent form signed and a Individual Employee Record form indicating a skin test completed on and read on indicating 2 cm raised area. Further review revealed another skin test completed on and read on .	A 078		

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A 078	Continued From page 3 Staff I's file contained documentation of a statement from a health care provider that indicated that staff I was free of signs and or symptoms of communicable . . . . . ., with no date indicating when the form was reviewed and signed by the healthcare provider. On . . . . . at 11:50 a.m., Business Office Manager reviewed and confirmed the form for the Administrator is not valid as the date signed by the healthcare provider is incomplete. On at 12:15 p.m., the Business Office Manager reviewed the file for staff I and confirmed the form is not valid as it does not contain the date the healthcare provider reviewed and signed the form. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation	A 083		

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A 083	Continued From page 4 for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record reviewed and staff interview facility failed to ensure that there was at least one staff in the facility at all times with completed course in First Aid training and holds a currently valid card documenting completion of such course. Findings included: In an interview on at 10:22 a.m., the Executive director (ED) said that since , they no longer had nursing coverage every night like they used too. She said they always have nursing coverage for first and second shift and nursing coverage overnight only 3 times a week on Sundays, Mondays, and Tuesdays. ED said the rest of the days they have Medication technicians and certified nursing assistants working the overnight shift. Record review for all the overnight staff (Staff E, F, G, H, J)working from , to present found no evidence of current First Aid training. Staff E had only evidence of current training that will expire . Staff F had evidence of current training only that will expire . Staff G had evidence of current training only that will expire . Staff H had evidence of current training only that will expire . Staff J had a certificate of	A 083		

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A 083	Continued From page 5 training that will expire in . . . On .. .... at 10:29 a.m., the executive director confirmed that the overnight staff working in the facility did not complete first aid training. She said it was a very expensive training and the staff opted to complete the . only. She said there was a class coming up in two weeks. Said in case of emergency the staff was instructed to call 911 and send the resident out for further evaluation. Class III	A 083		